

MODE OF ARRIVAL

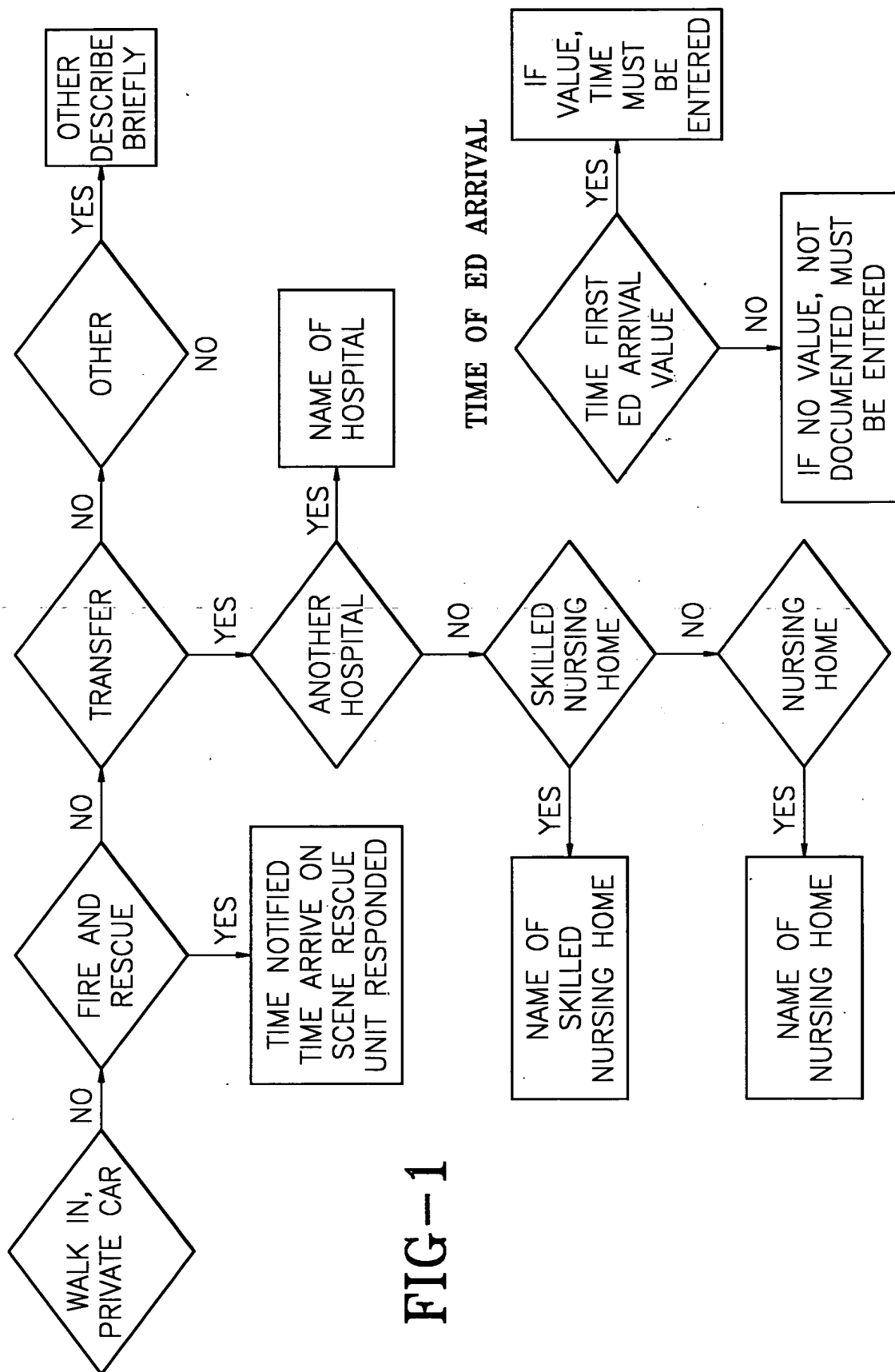
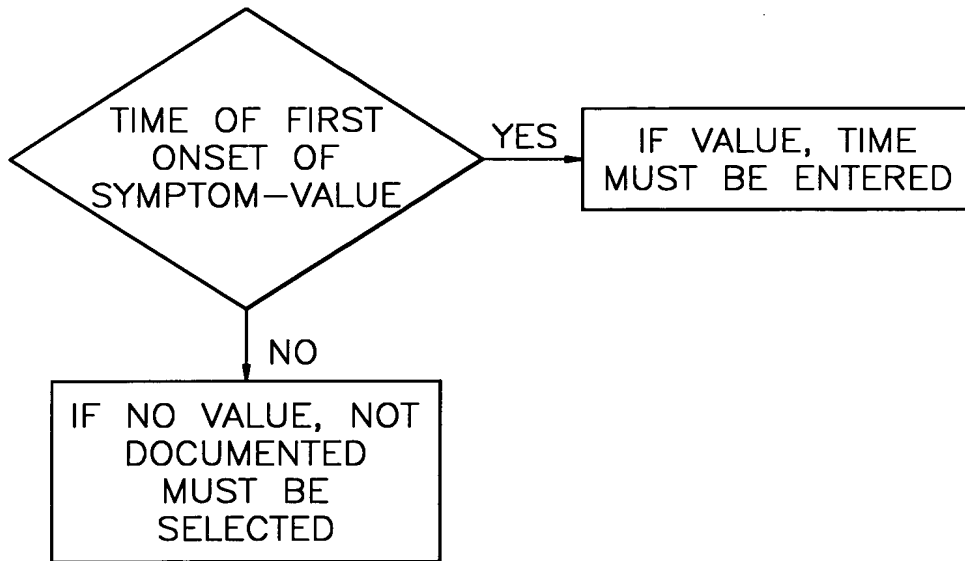


FIG-1

09540136-032100

[illegible]

DATE OF FIRST ONSET

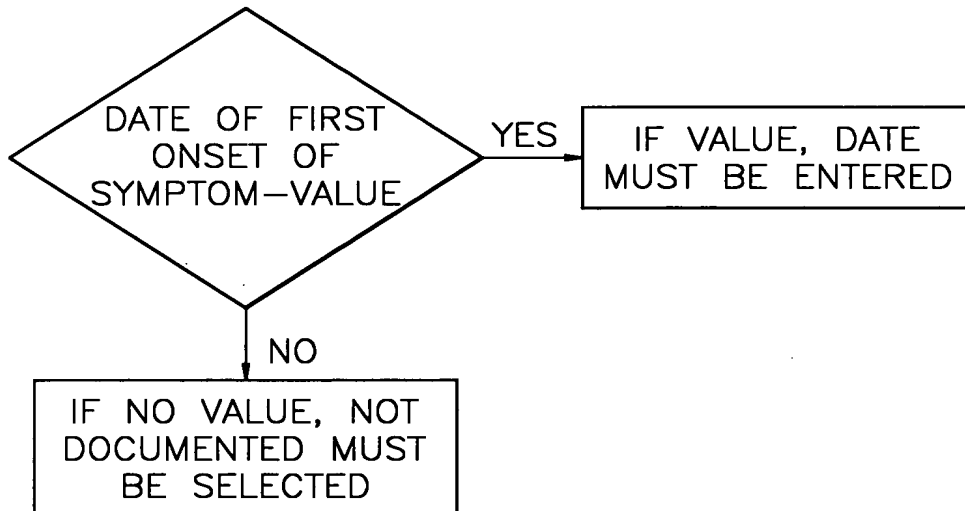
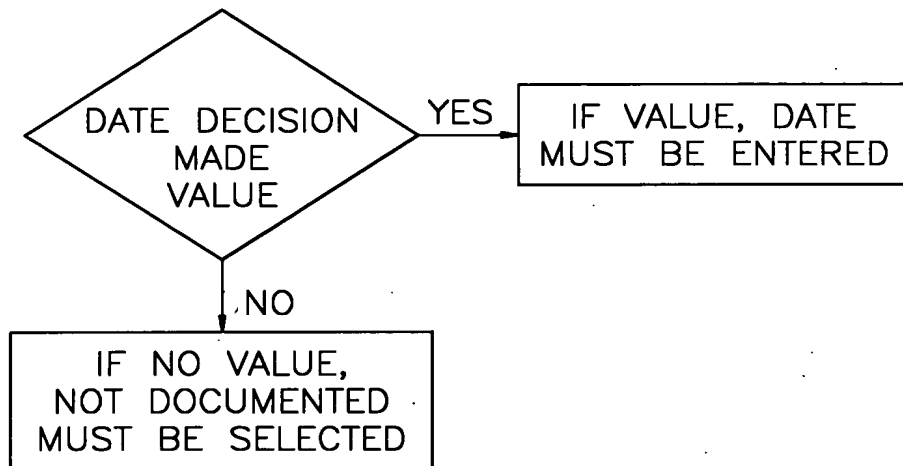


FIG-2

DATE EKG DECISION



TIME EKG DECISION

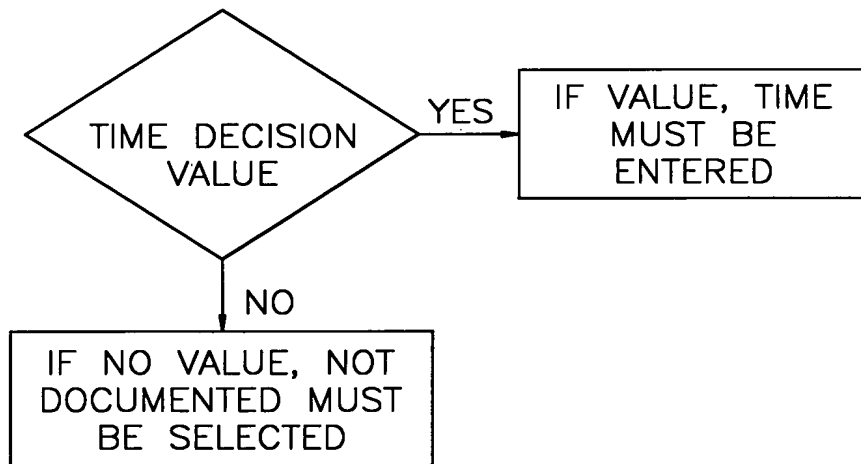
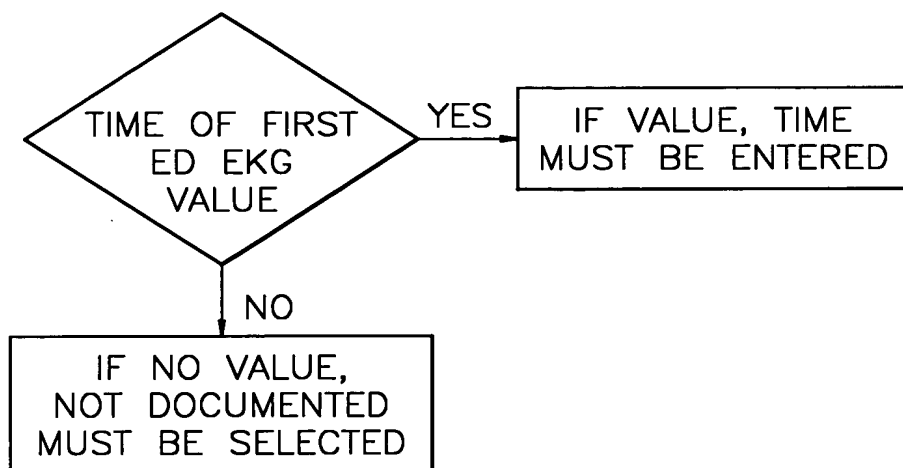


FIG-3A

09540139 033100

EKG INFO



TIME EKG SEEN

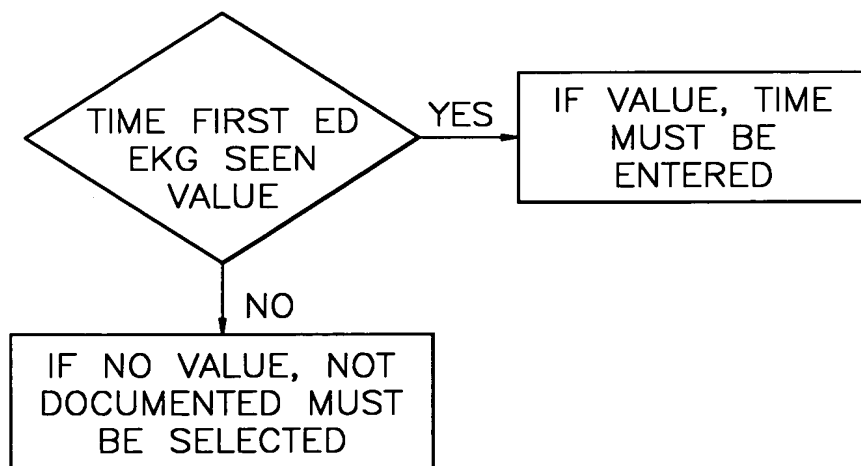


FIG-3B

DIAGNOSTIC ACUTE ISCHEMIA/INFARCTION

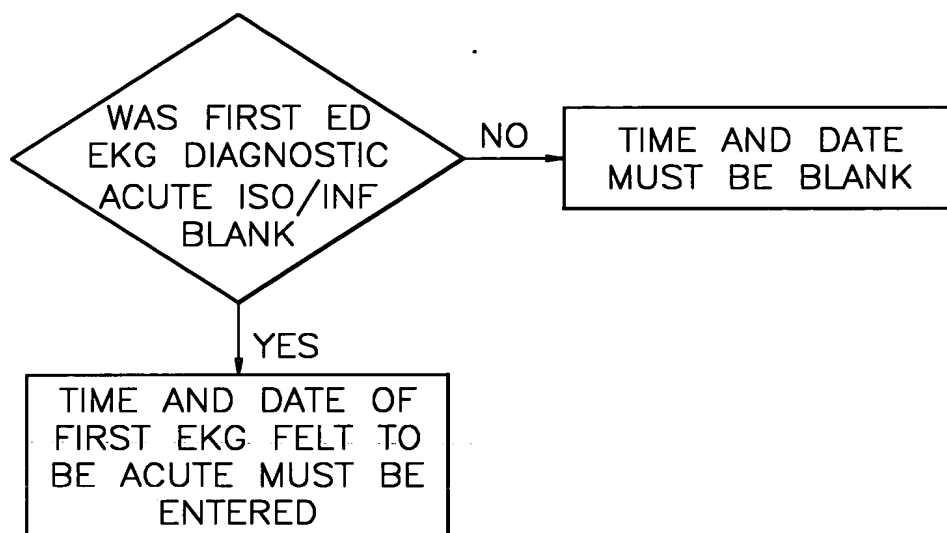


FIG-4

REPERFUSION STRATEGY

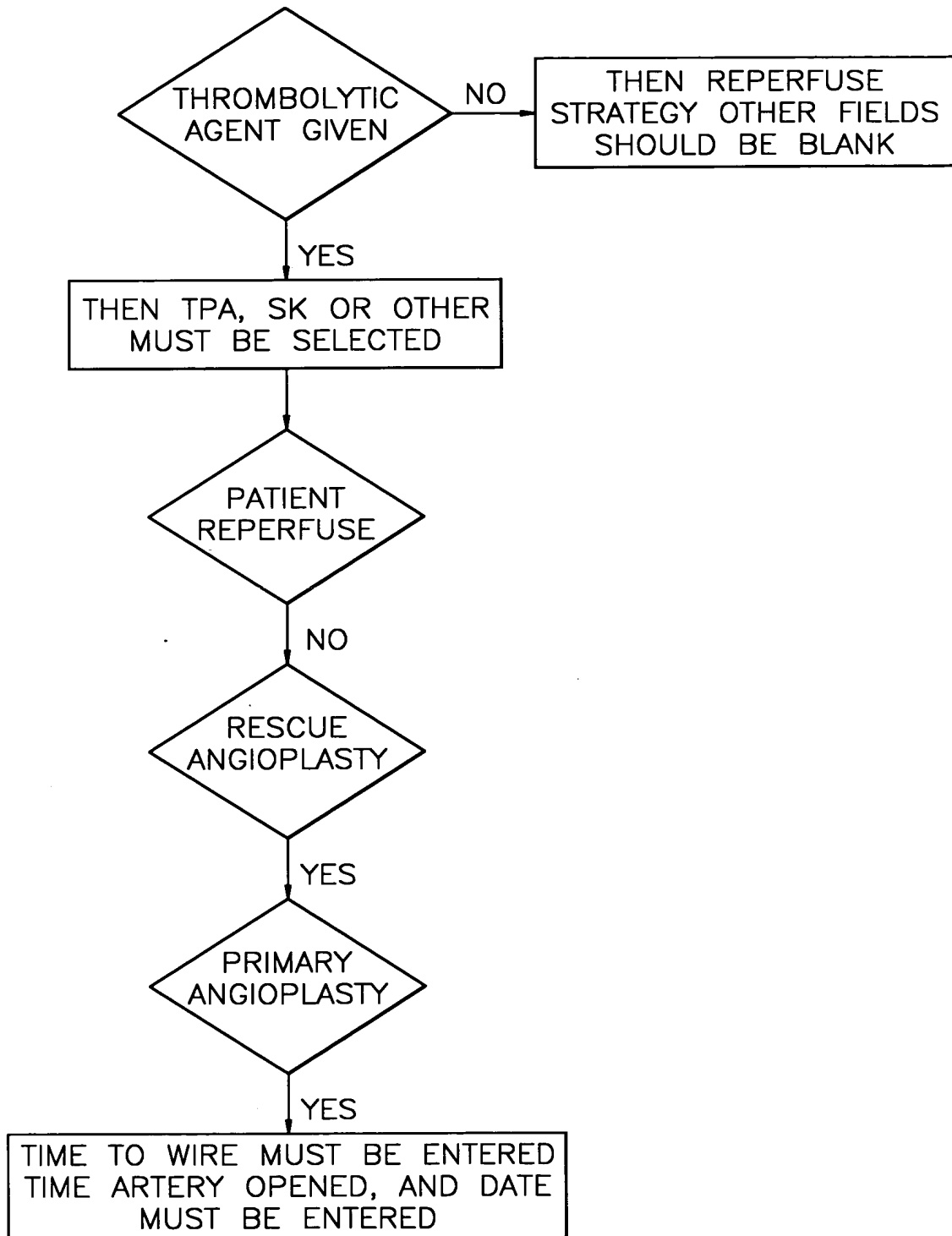
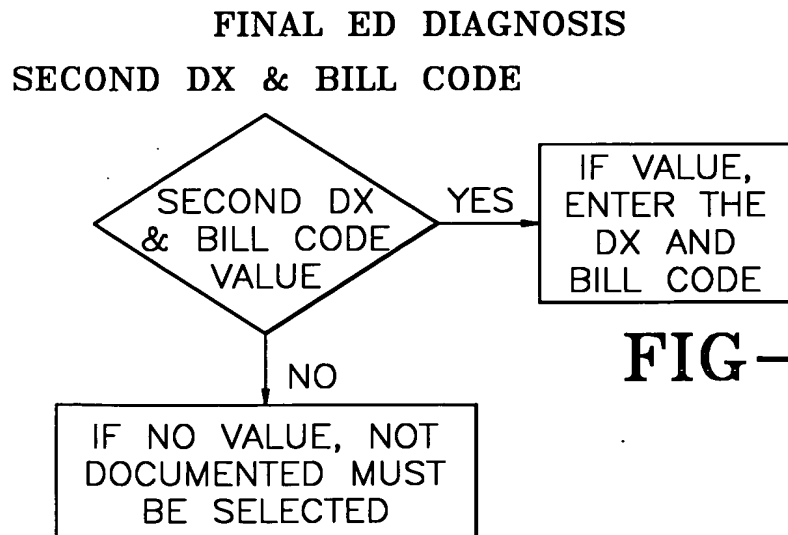
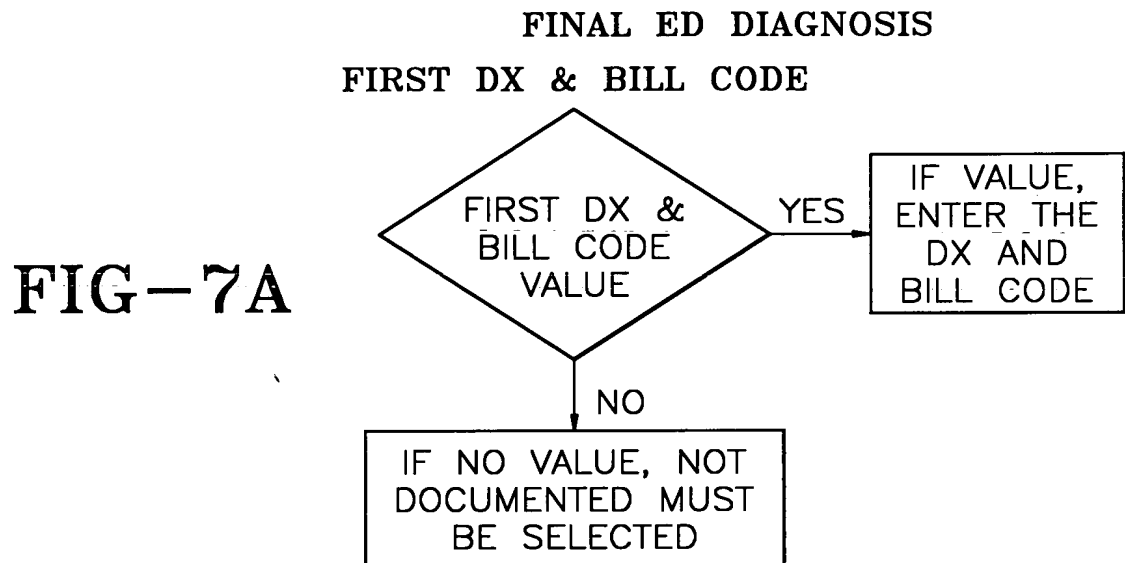
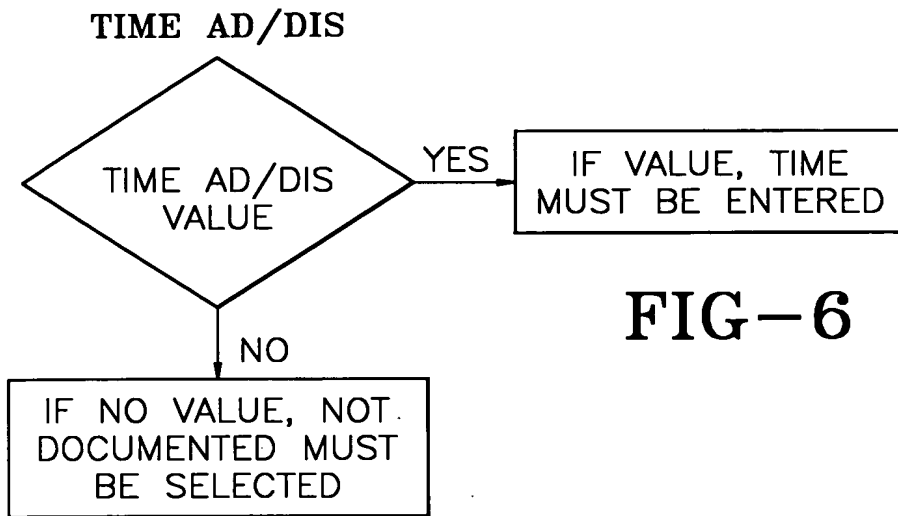


FIG-5



PATIENT DISPOSITION FROM EMERGENCY

FINAL HOSPITAL DIAGNOSIS

FIRST DX & DRG

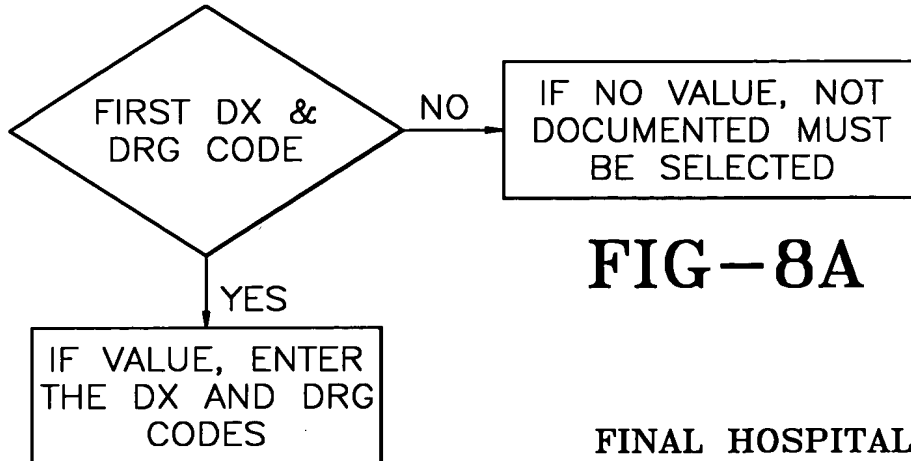
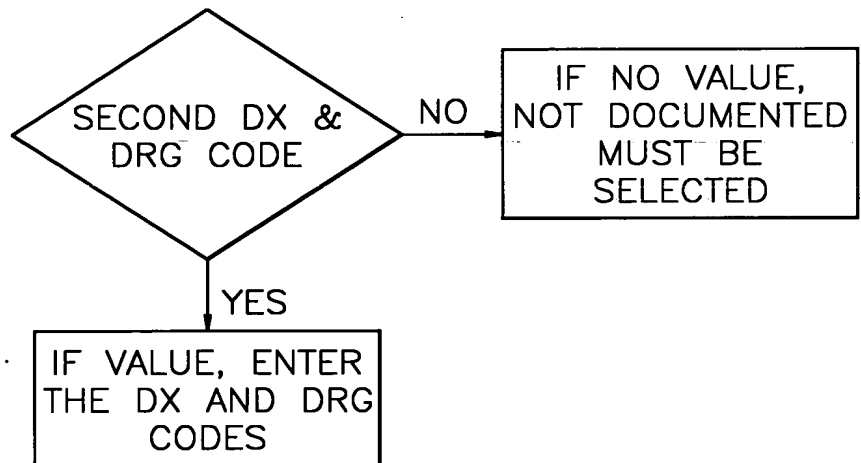


FIG-8A

FINAL HOSPITAL DIAGNOSIS

SECOND DX & DRG

FIG-8B



FINAL HOSPITAL DIAGNOSIS

THIRD DX & DRG

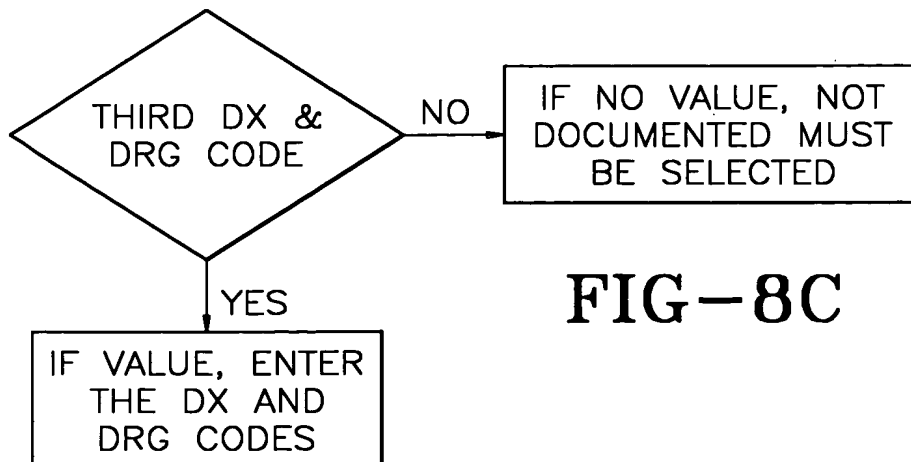


FIG-8C

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PRIMARY CARE PHYSICIAN (PCP)

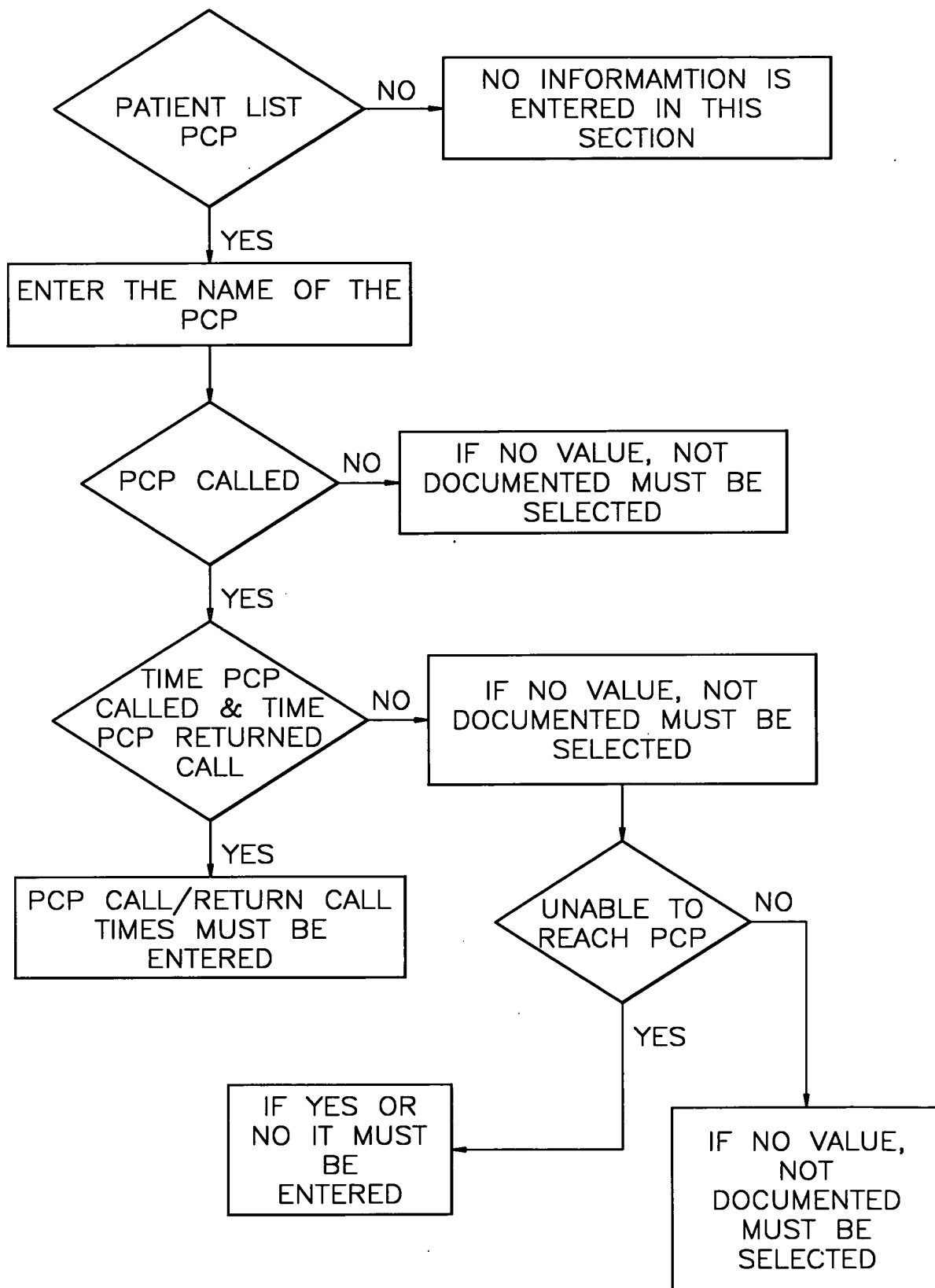


FIG-9A

0540139-03100
NOTED 6210560

NO PHYSICIAN LISTED

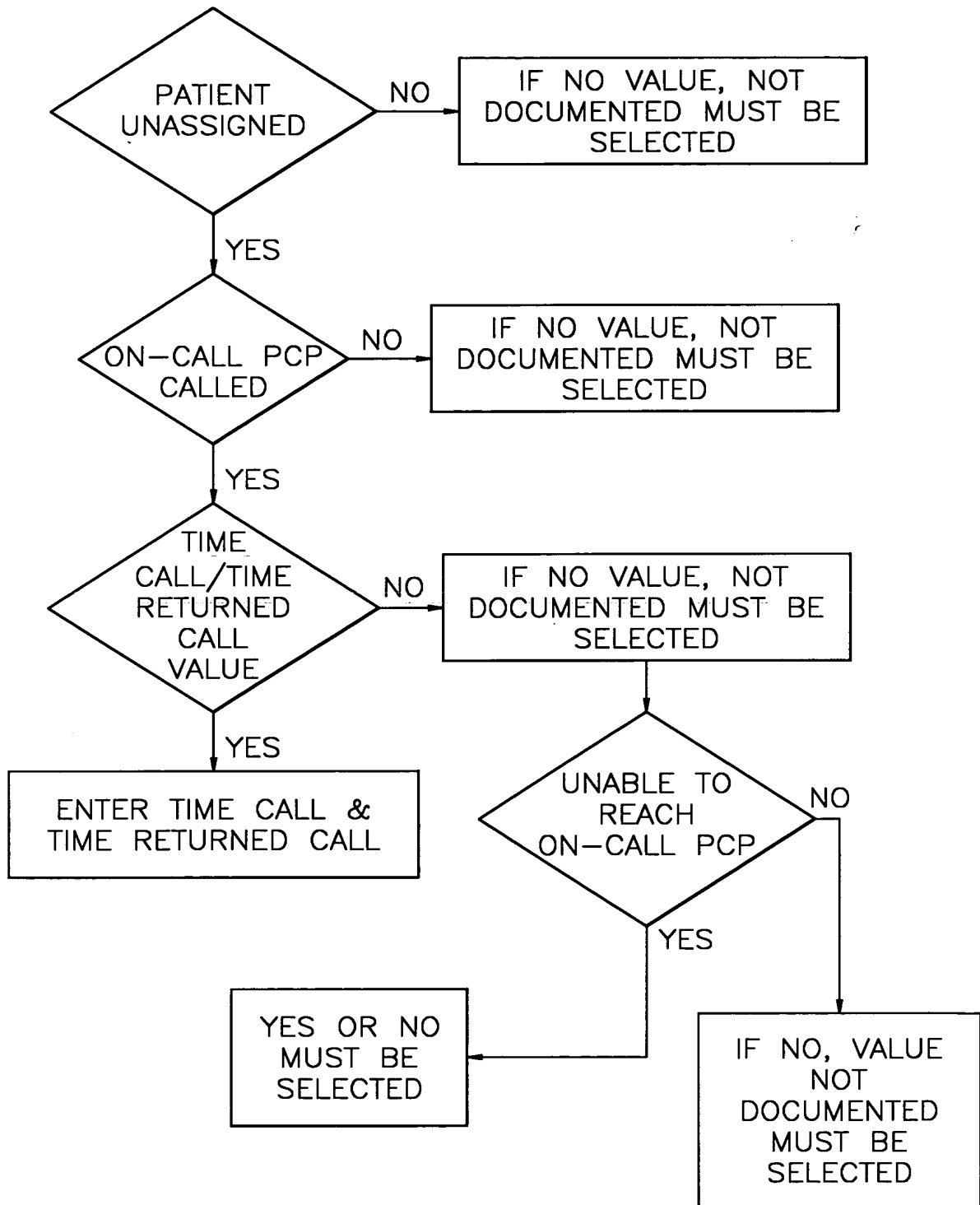


FIG-9C

CARDIO BIOMAKERS

CREATINE (CPK OR CK)

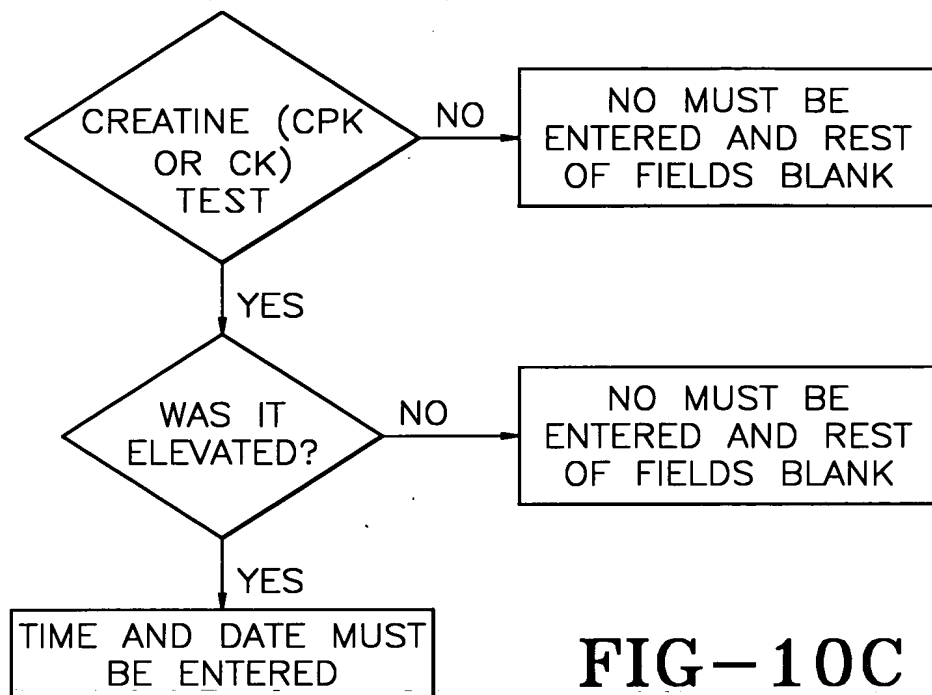


FIG-10C

TROPONIN TESTING

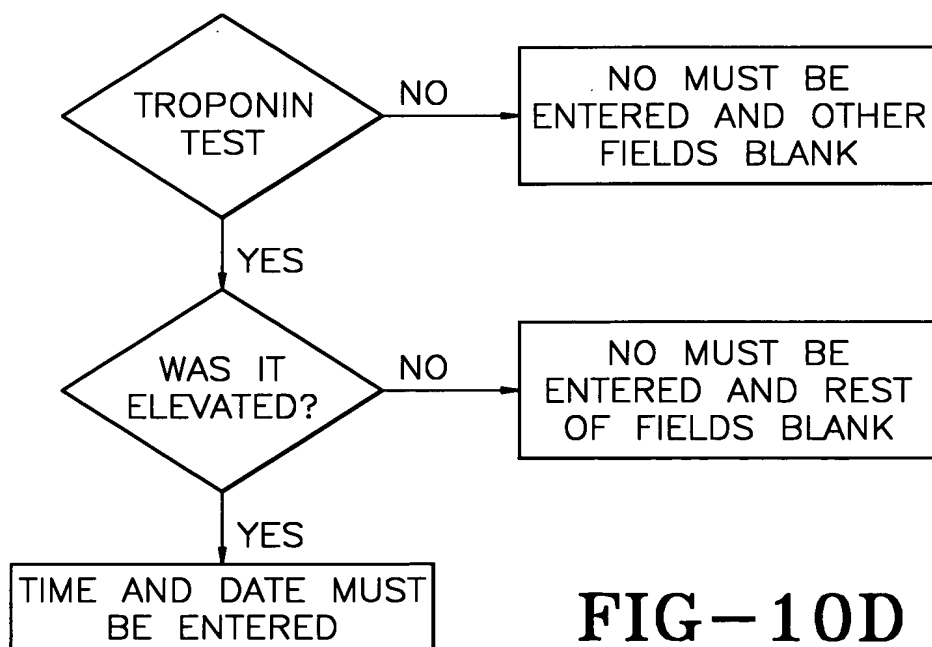
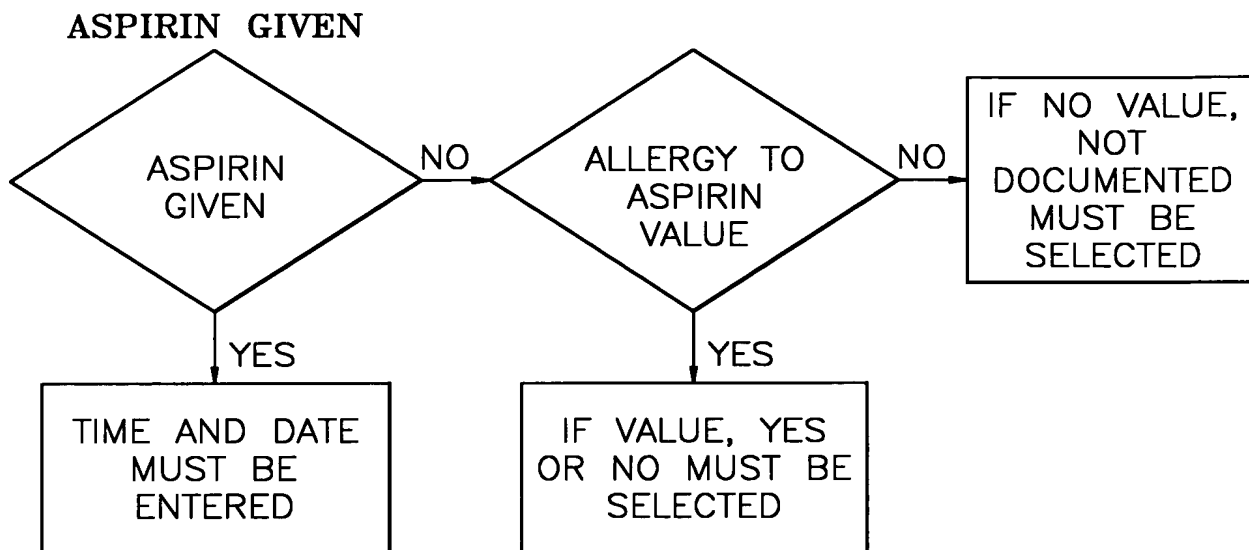
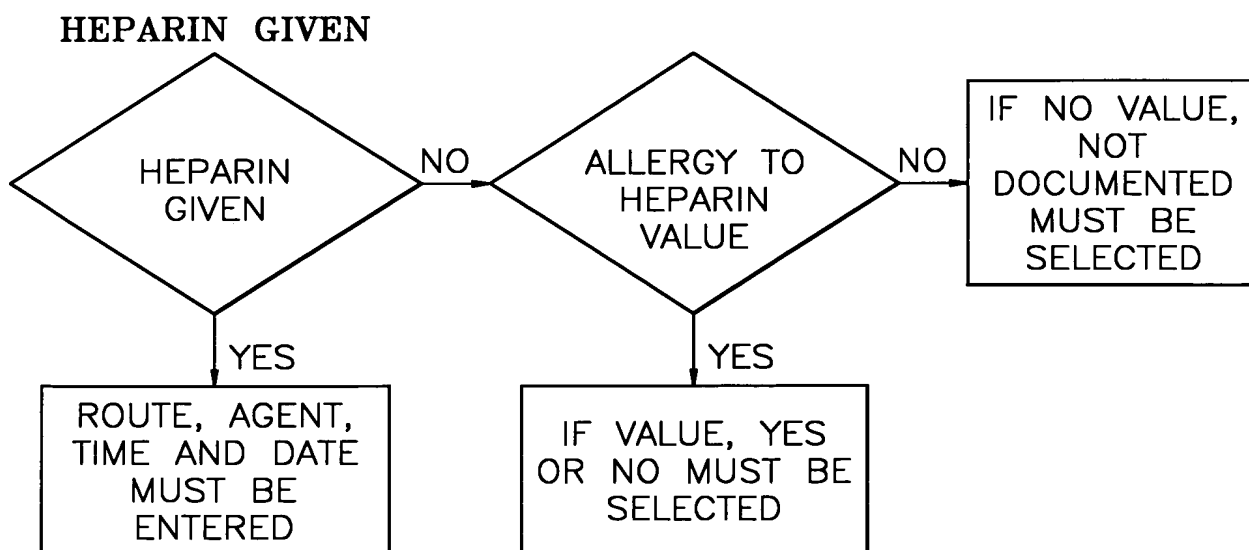


FIG-10D

09540139-033100

**FIG-11A****FIG-11B**

BETA BLOCKER GIVEN

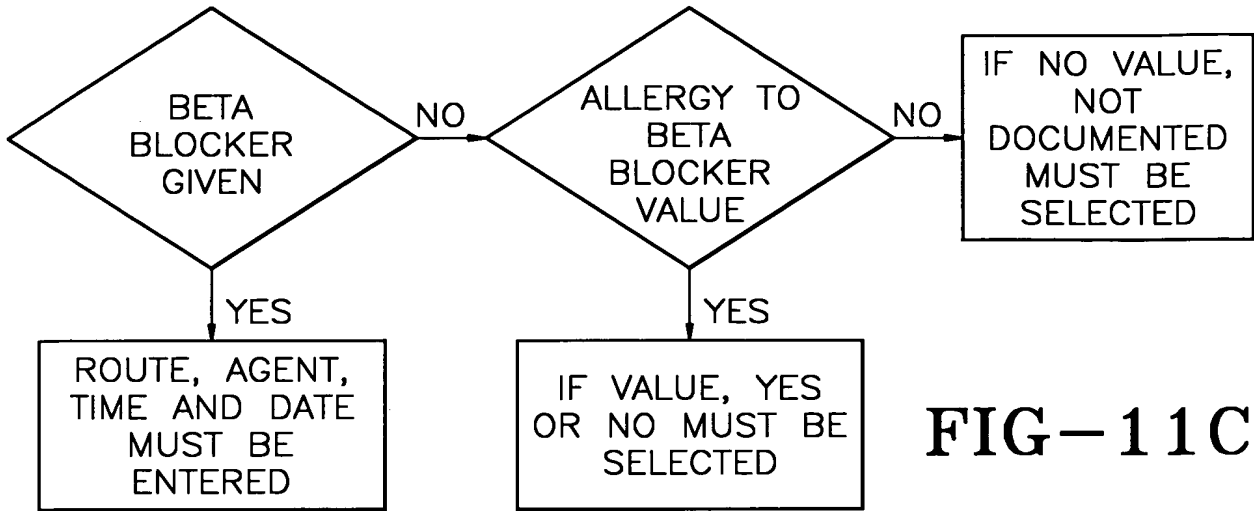


FIG-11C

CALCIUM CHANNEL BLOCKER GIVEN

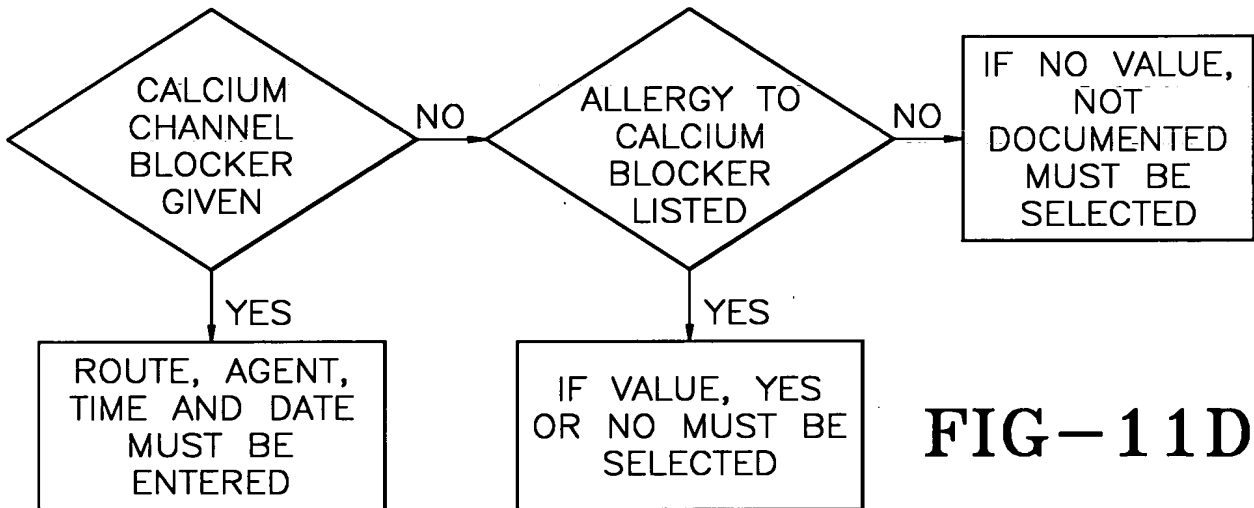


FIG-11D

NITRATES GIVEN

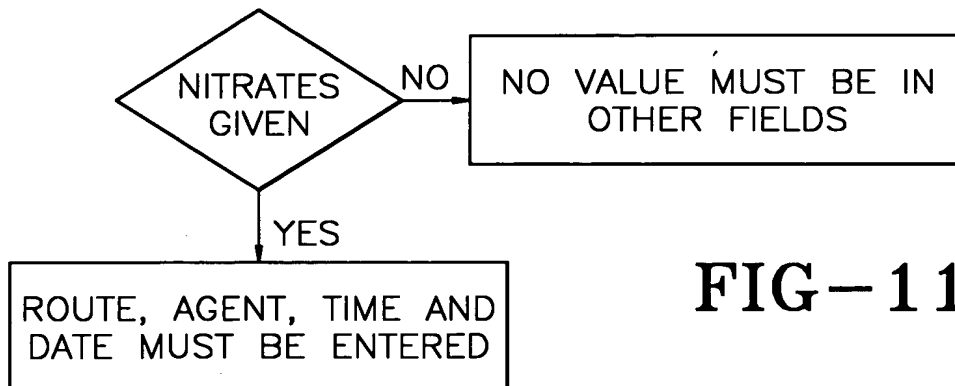


FIG-11E

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OTHER TESTING

STRESS TEST

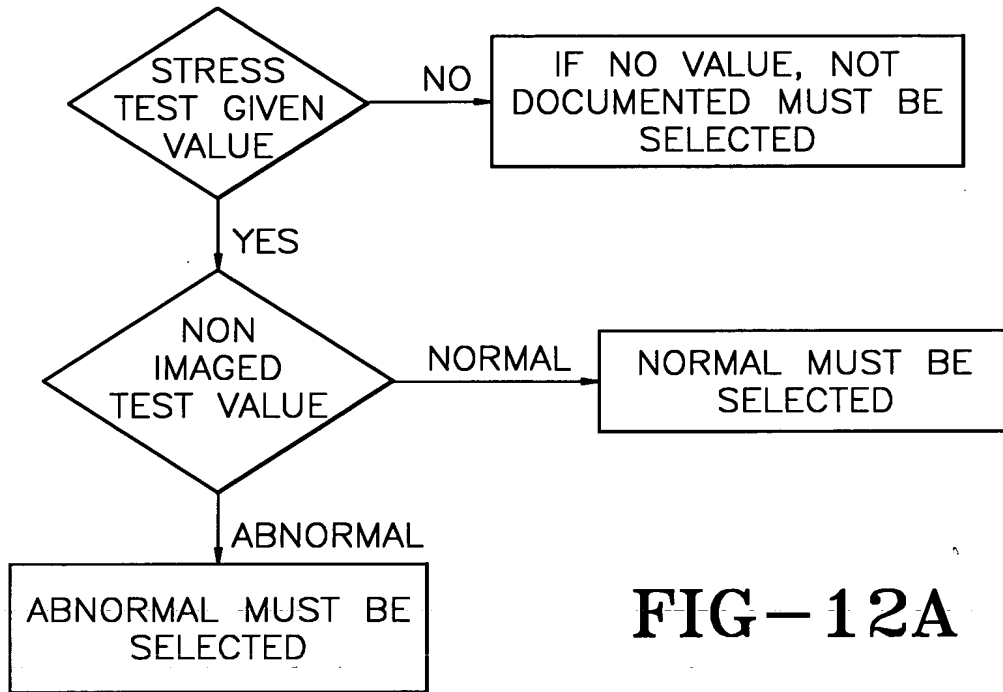


FIG-12A

NUCLEAR IMAGED STRESS

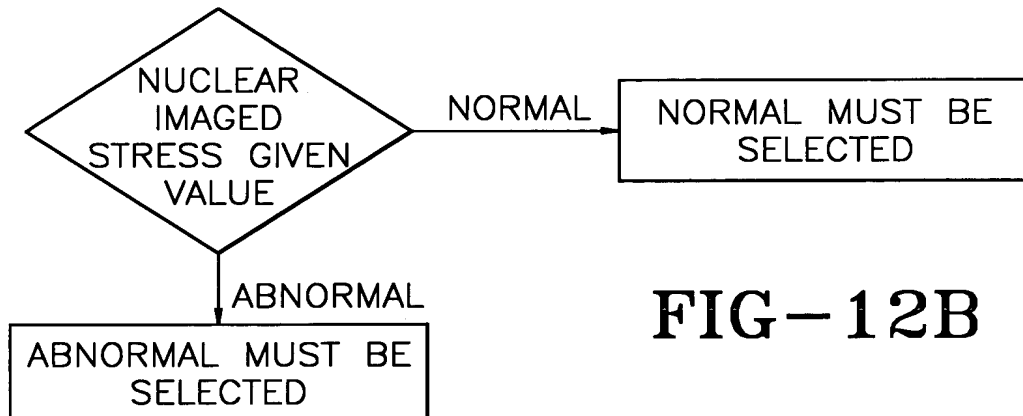


FIG-12B

STRESS ECHO TEST

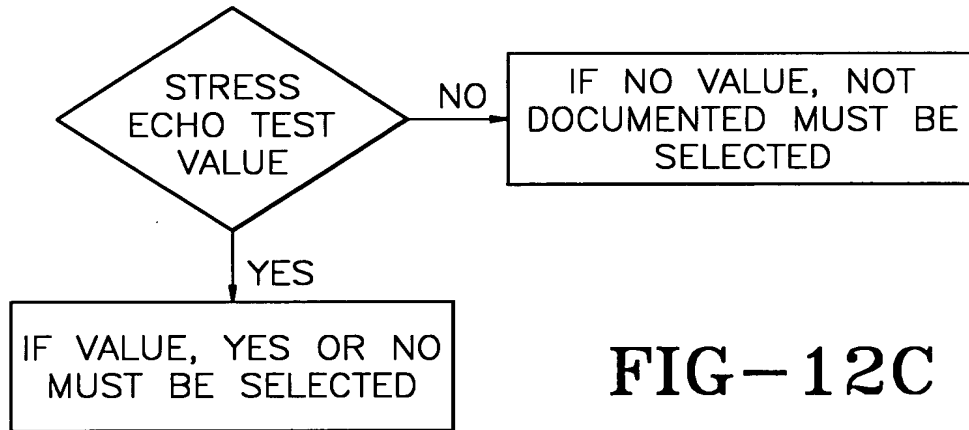


FIG-12C

HEART CATH

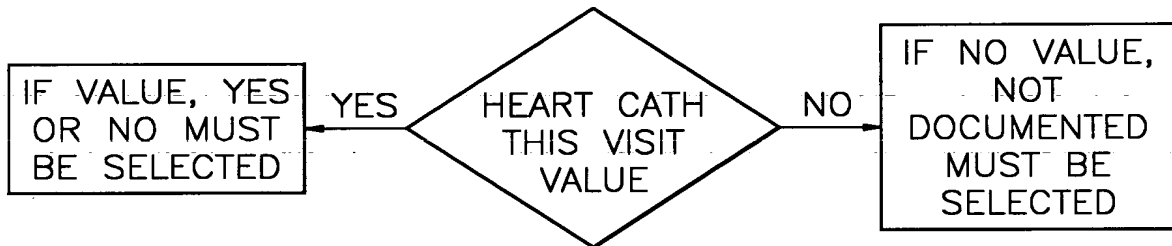


FIG-12D

TRANSFER FOR HEART CATH

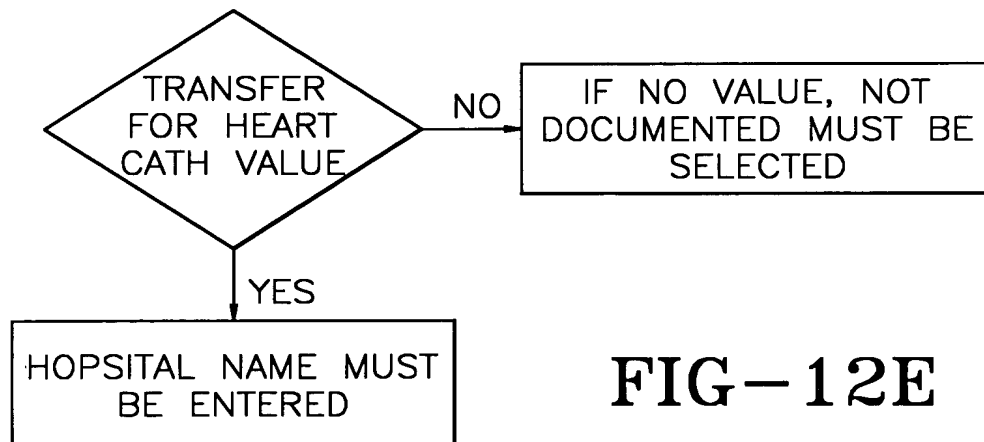


FIG-12E

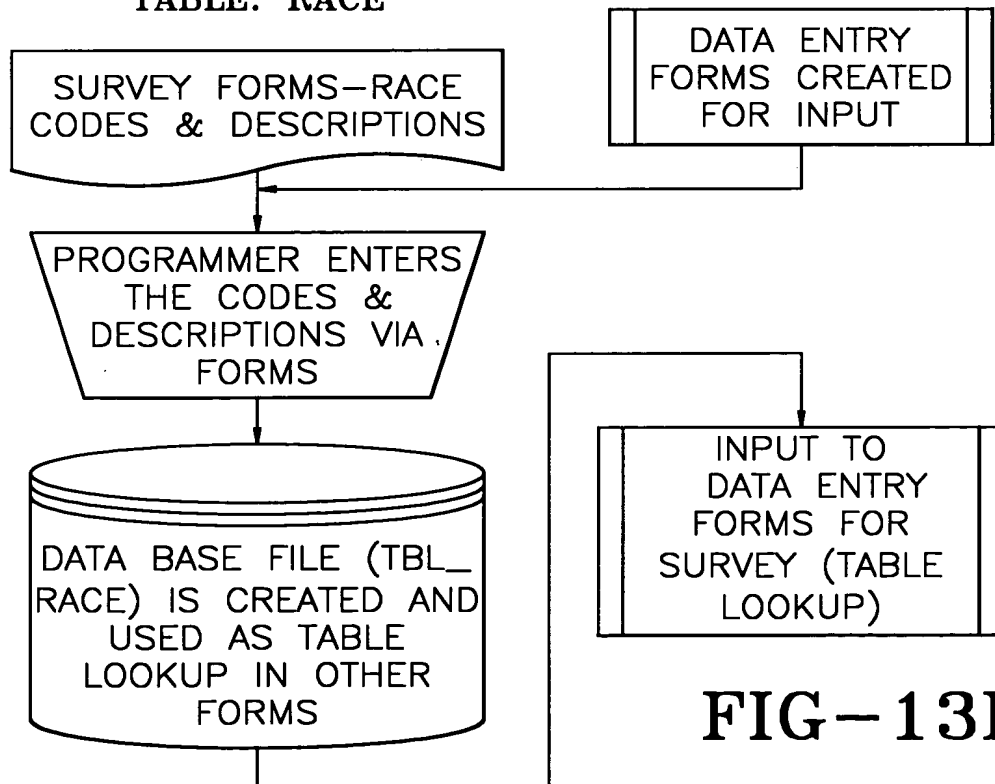
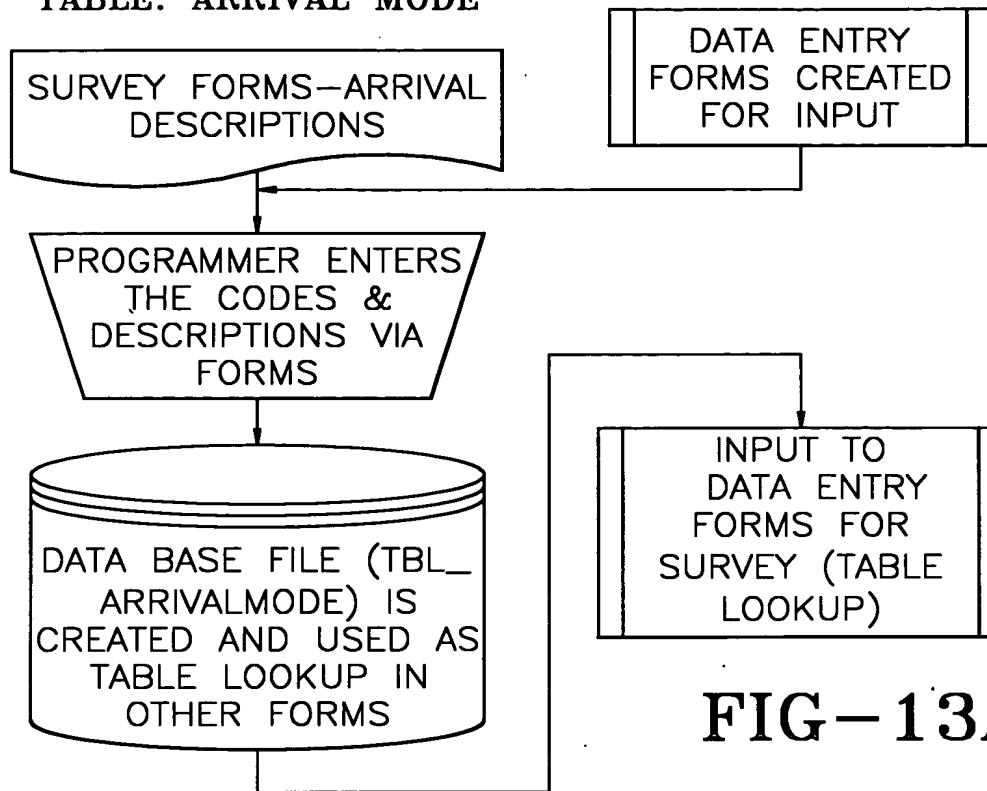


TABLE: GENDER

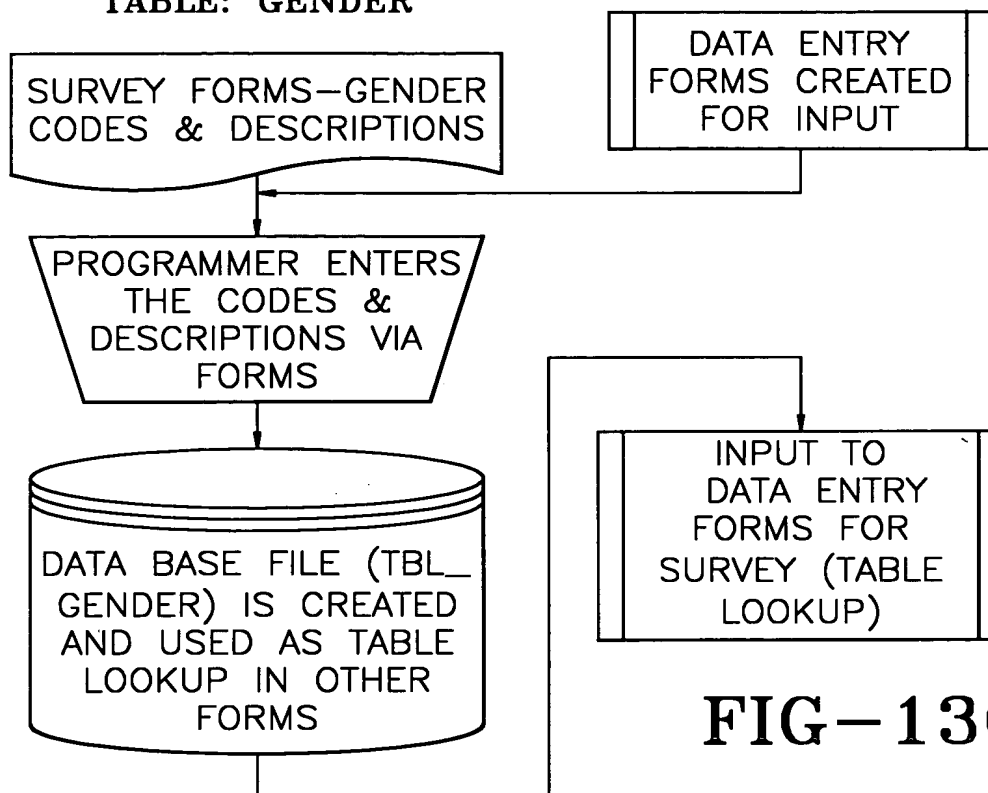


FIG-13C

TABLE: NITRATES

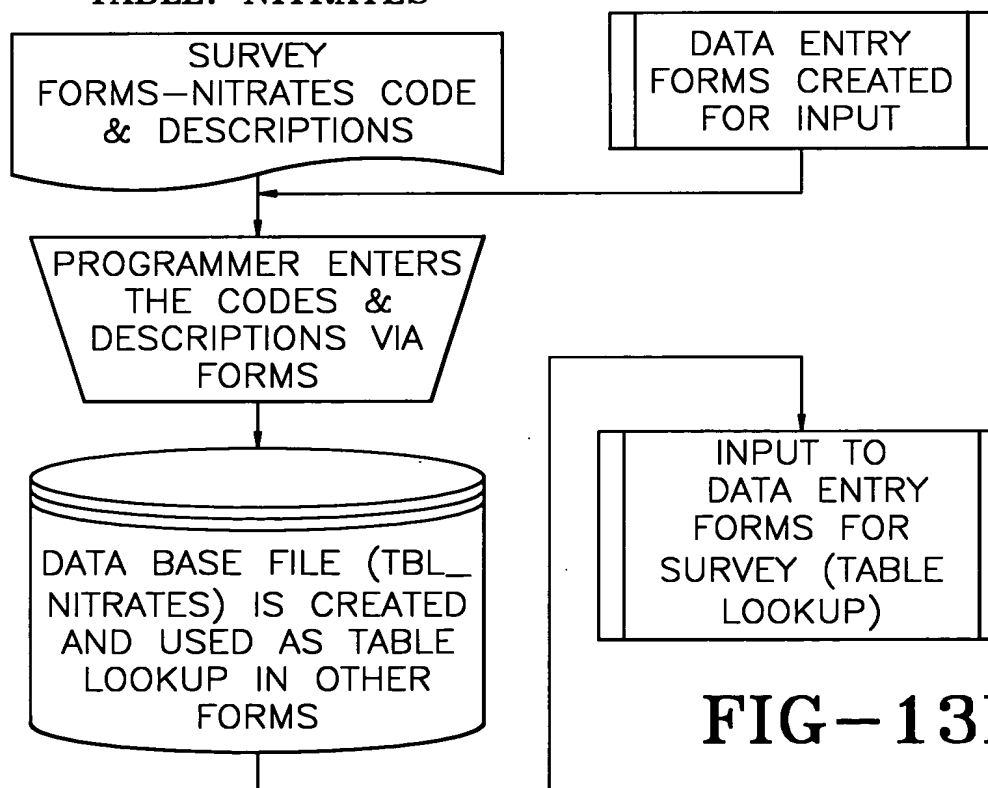


FIG-13D

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TABLE: PATIENT DISPOSITION

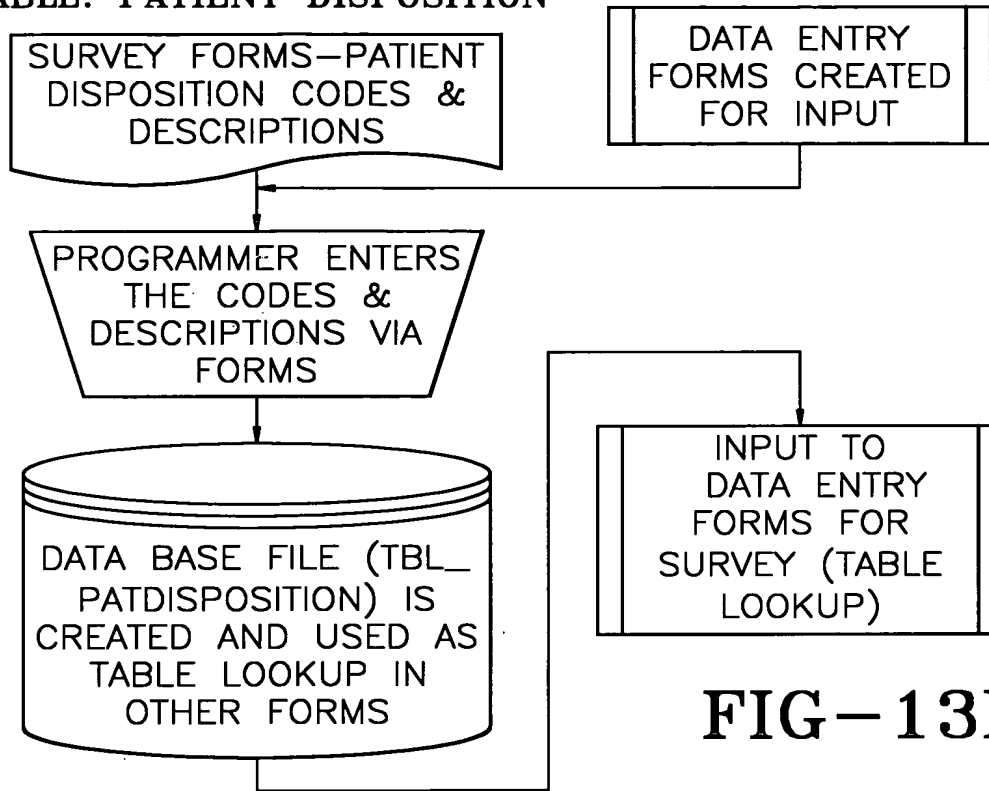


FIG-13E

TABLE: THROMBOLYTIC AGENT

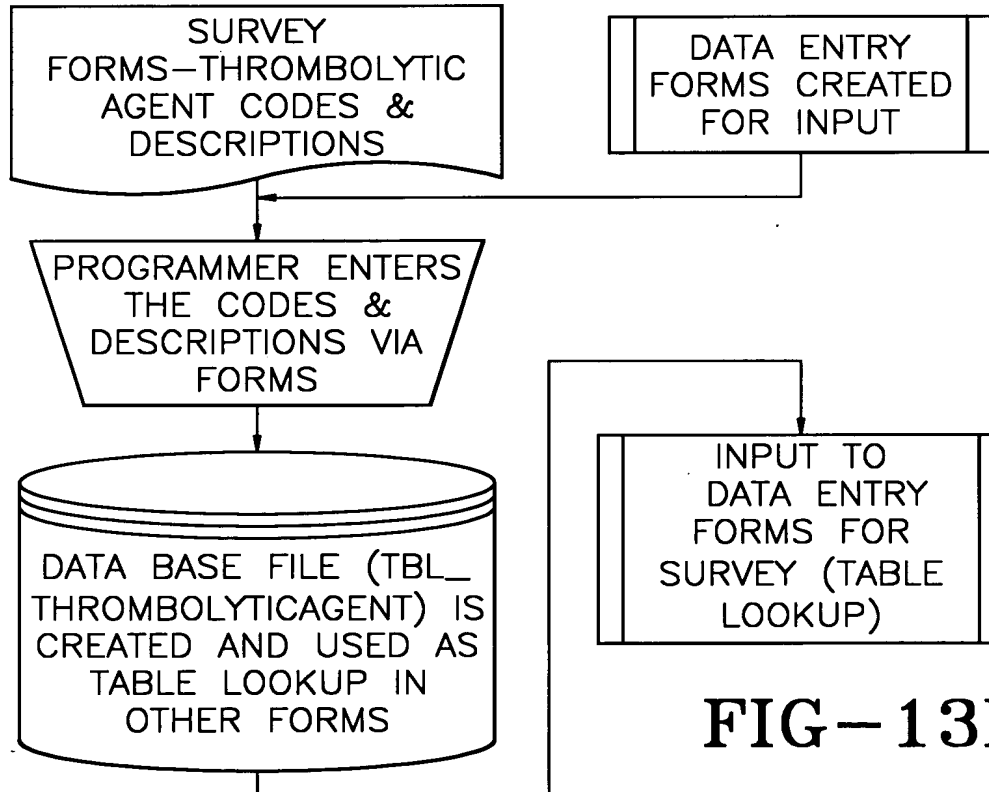


FIG-13F

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TABLE: HEPARIN

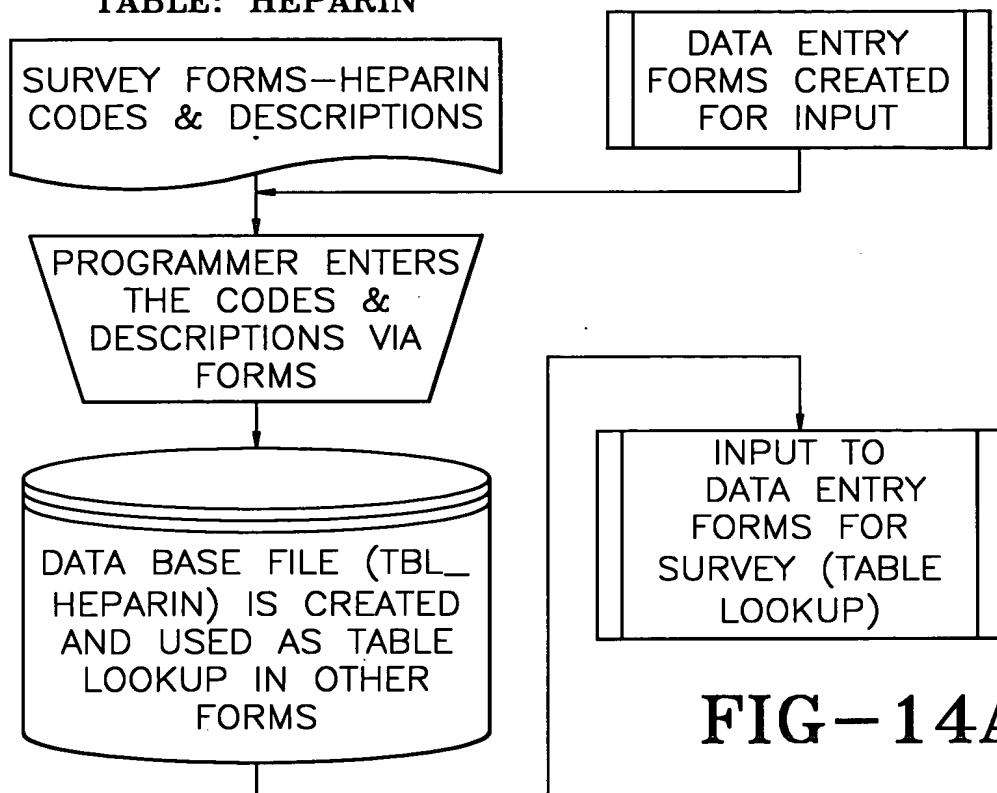


FIG-14A

TABLE: BETA BLOCKER

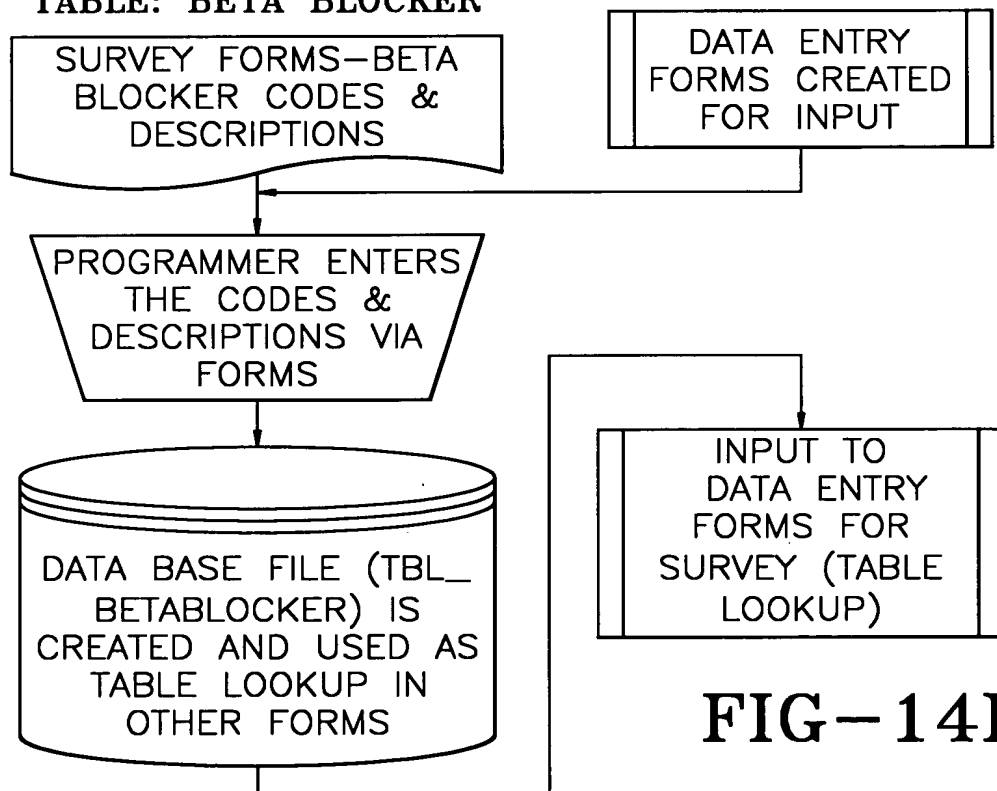


FIG-14B

00000 03100 03401 03500

TABLE: CALCIUM CHANNEL BLOCKER

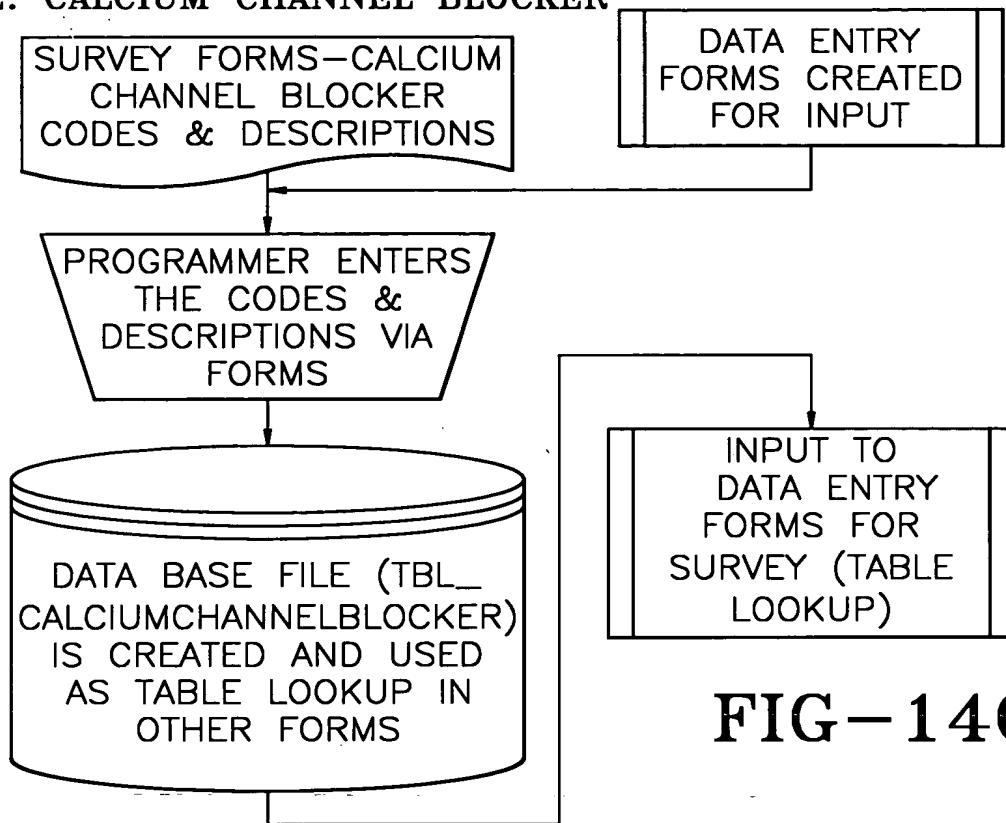


FIG-14C

TABLE: OTHER TESTING

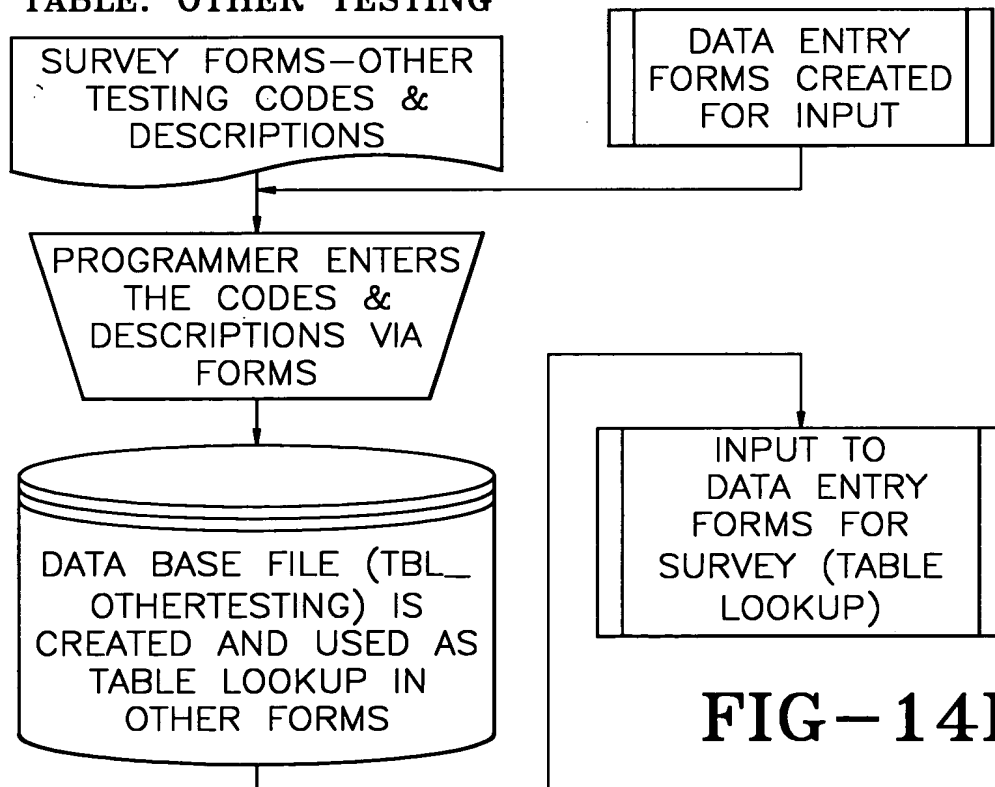


FIG-14D

TABLE: ED EKG CATEGORY DESCRIPTIONS

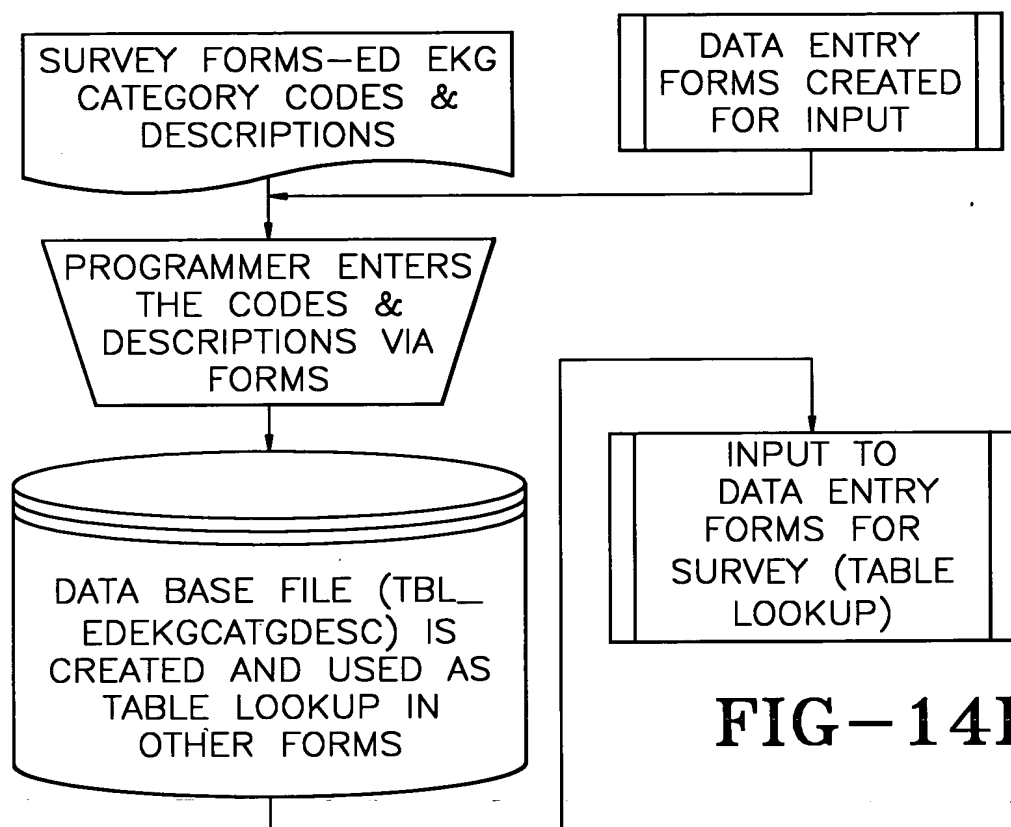


FIG-14E

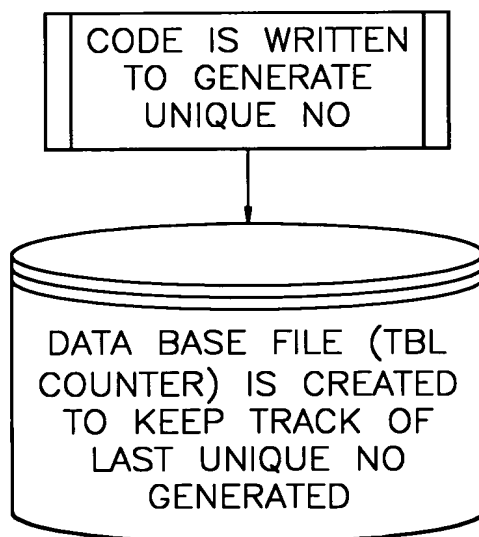
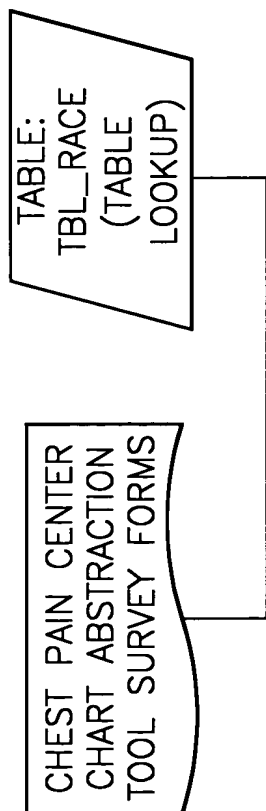
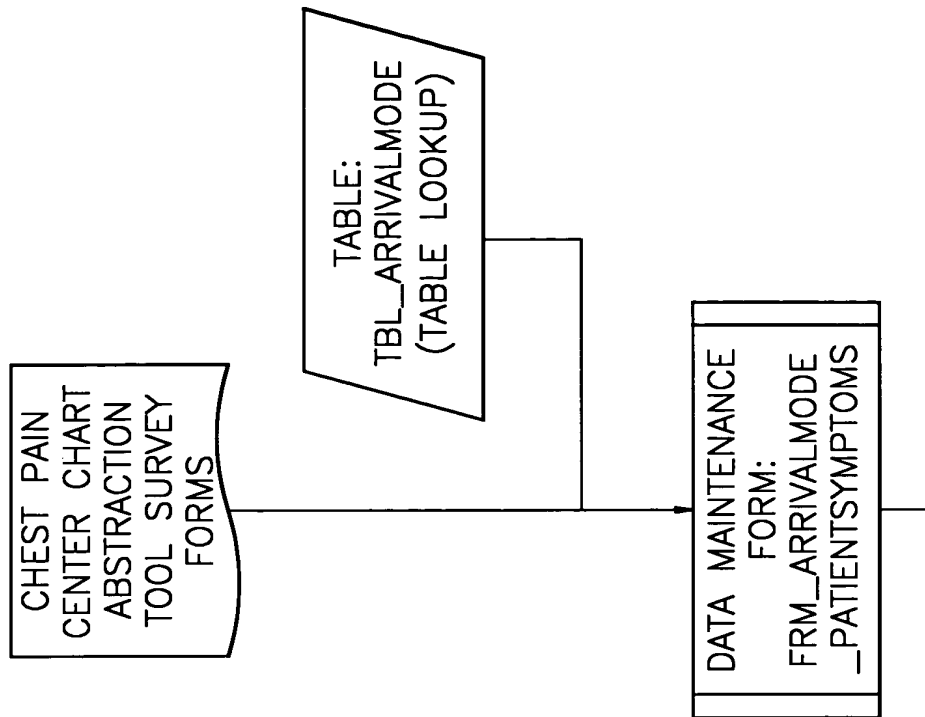
TABLE: COUNTER

FIG-14F

PATIENT INFORMATION



MODE OF ARRIVAL & PATIENT SYMPTOMS



TO FIG-15B

FIG-15A

FROM FIG-15A

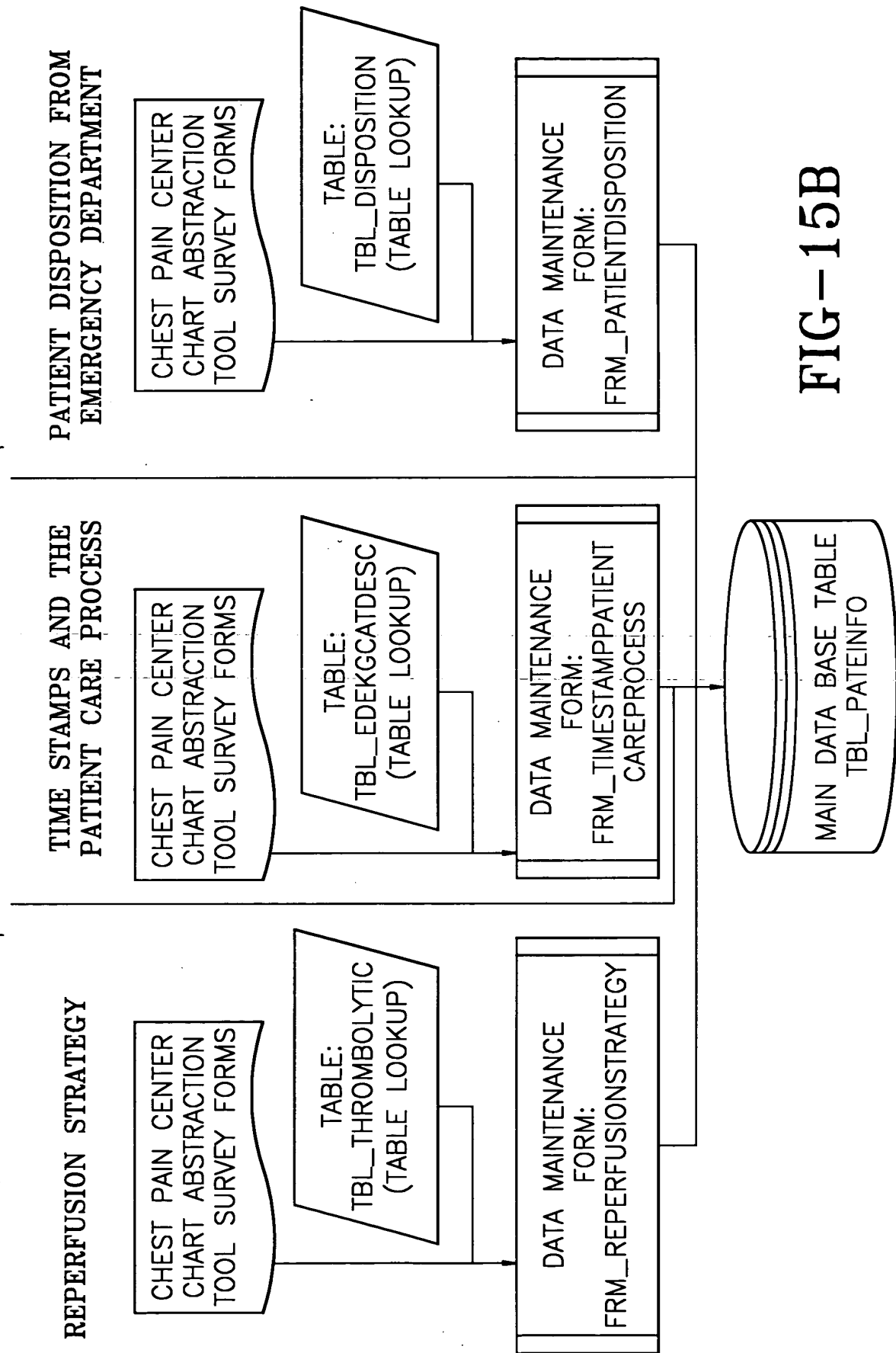


FIG-15B

OTHER TREATMENTS
NITRATES

TABLE:
TBL_NITRATES
(TABLE
LOOKUP)

CHEST PAIN CENTER
CHART ABSTRACTION
TOOL SURVEY FORMS

OTHER TESTING STRESS

CHEST PAIN
CENTER CHART
ABSTRACTION
TOOL SURVEY
FORMS

TABLE:
TBL_OTHERTESTING
(TABLE LOOKUP)

DATA MAINTENANCE
FORM: FRM_OTASPIRIN
HEPARINNITRATES

DATA MAINTENANCE
FORM:
FRM_SUBOTHERTEST

FIG-16A

TO FIG-16B

FROM FIG-16A

OTHER TREATMENTS
CALCIUM CHANNEL BLOCKER

CHEST PAIN CENTER
CHART ABSTRACTION
TOOL SURVEY FORMS

TABLE:
TBL_CALCIIUMCHANNEL
BLOCKER (TABLE
LOOKUP)

DATA MAINTENANCE
FORM:
FRM_SUBOTBETABLOCKER
CALCIUMCHANNELBLOCKER

OTHER TREATMENTS
HEPARIN

CHEST PAIN CENTER
CHART ABSTRACTION
TOOL SURVEY FORMS

TABLE:
TBL_HEPARIN
(TABLE LOOKUP)

DATA MAINTENANCE
FORM: FRM_OTASPIRIN
HEPARINNITRATES

OTHER TREATMENTS
BETA BLOCKER

CHEST PAIN CENTER
CHART ABSTRACTION
TOOL SURVEY FORMS

TABLE:
TBL_BETABLOCKER
(TABLE LOOKUP)

DATA MAINTENANCE
FORM:
FRM_SUBOTBETABLOCKER
CALCIUMCHANNELBLOCKER

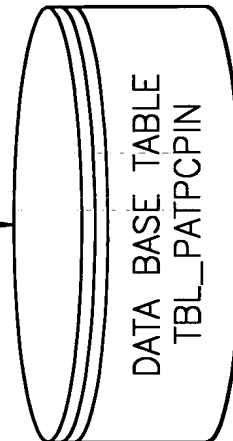


FIG-16B

Chest Pain Center Chart Abstraction Tool Data Forms			
Patient Information			
Hospital Name	Jackson Memorial Hospital	Patient Name	CARYC Hospital No. 1234567890
Mode of Arrival/Patient Symptoms	Cardiac Biomakers (thru CK-MB)		
Time Stamp and the Patient Care Process	Cardiac Biomarkers (Troponin)		
Reperfusion Strategy	Other Treatments (thru Nitrates)		
Patient Disposition from ED	Other Treatments (Blockers)		
PCP Cardiologist	Other Testing		
No Physician Listed	Financial Information Top Ten Payors		
Close Form			

FIG-17A

Chest Pain Center Chart Abstraction Tool – Quality Assurance									
Patient Information									
Hospital Name:		Jackson Memorial Hospital							
Patient Name:		CARYC	Birth Date:		7/8/65	Gender:		F	
Unique Hospital Number:		1234567890		Race:		H			
Next	Previous	First	Last	Find	Save	Add	Undo	Delete	
Enter/Edit Survey		System Maintenance				Exit Application			

FIG-17B

Patient Information	
Hospital Name	Jackson Memorial Hospital
Patient Name	CARYC
Hospital No.	1234567890
Mode of Arrival	
Mode of Arrival:	OTHER
Time of Fire & Rescue Arrival:	
Time Fire & Rescue Arrival:	
Which Fire & Rescue Unit Responded:	
Transfer Facility Name:	
Other Transfer Description:	KKKKK
Patient Symptoms	
Chest Pain:	<input type="checkbox"/>
Chest Discomfort:	<input checked="" type="checkbox"/>
Angina:	<input checked="" type="checkbox"/>
Chest Hurts:	<input checked="" type="checkbox"/>
I'm having heart attack	<input checked="" type="checkbox"/>
Neck pain:	<input checked="" type="checkbox"/>
Arm/shoulder pain:	<input checked="" type="checkbox"/>
Short of breath	<input checked="" type="checkbox"/>
Abdominal pain:	<input checked="" type="checkbox"/>
Other:	<input checked="" type="checkbox"/>
Other Symptom Description:	TEST
Time of first onset of significant symptoms:	12:00
Not Documented:	<input type="checkbox"/>
Date of first onset of significant symptoms (if different from ED arrival date):	11/11/95
Close Form	Time Stamp and the Patient Care Process

FIG-17C

Patient Information	
Hospital Name Jackson Memorial Hospital	Patient Name CARYC Hospital No. 1234567890
Time Stamp and the Patient Care Process	
Date ED Visit: 11/11/95	Not Documented: <input type="checkbox"/>
Time of Arrival at ED: 	Not Documented: <input checked="" type="checkbox"/>
Time of first ED EKG: 	Not Documented: <input checked="" type="checkbox"/>
Date first ED EKG (if different from arrival date): 11/11/95	
Time the first EKG seen by ED doctor: 	Not Documented: <input checked="" type="checkbox"/>
Date first ED EKG seen by ED doctor (if different from arrival date): 11/11/95	
Time doctor makes decision to use thrombolytic or direct angioplasty: 	Not Documented: <input checked="" type="checkbox"/>
Date doctor makes decision (if different from arrival date): 11/11/95	
What was the first ED EKG (as read by the ED physician)? DIAGNOSTIC ACUTE ISCHEMIA/INFR	
Did the ED physician document his/her EKG interpretation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did the ED physician sign his/her EKG interpretation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What was the first ED EKG (as read by the official reader)? ABNORMAL NONDIAGNOSTIC ACUTE	
Time of first EKG felt to be diagnostic for acute ischemia/infarction: 	
Date of first diagnostic EKG (if different from arrival date): 	
How did the official reader interpret this EKG? ABNORMAL NONDIAGNOSTIC ACUTE	
Close Form Reperfusion Strategy	

FIG-17D

Patient Information	
Hospital Name Jackson Memorial Hospital	Patient Name CARYC Hospital No. 1234567890
Reperfusion Strategy	
Thrombolytic agent given? — <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Thrombolytic Agent Type? Time Thrombolytic agent initiated: Date (if different from arrival date):
Did patient reperfuse? — <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did patient undergo rescue angioplasty?
Primary angioplasty? — <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time to wire:
Date (if different from arrival date): Time artery opened: 	
Close Form	Patient Disposition from ED

FIG-17E

Patient Information	
Hospital Name Jackson Memorial Hospital	Patient Name CARYC Hospital No. 1234567890
Patient Disposition from Emergency Department	
Patient Disposition from Emergency Department: TRANSFER HOSPITAL	
If admitted to hospital, what unit did the patient get admitted to: 	
If transferred to another hospital, which hospital: lkujhikjhlk	
Time ED physician made decision to admit or transfer: 	
Date (if different from arrival date): 11/11/95	Time patient actually left ED: 15:45
Final ED Diagnosis (2) (from ED record) Date (if different from arrival date): 11/11/95	
First Dx: 	Billing Code: Not Documented: <input type="checkbox"/>
Second Dx: 	Billing Code: tttt Not Documented: <input type="checkbox"/>
Final Hospital Discharge Diagnosis (3) (from hospital chart if patient was admitted)	
First Dx: 	DRG Code tttt Not Documented: <input type="checkbox"/>
Second Dx: gggg	DRG Code Not Documented: <input type="checkbox"/>
Third Dx: 	DRG Code gggg Not Documented: <input type="checkbox"/>
Caregiver Information	
Name of Emergency Physician caring for patient: 	
Name of Emergency Nurse caring for patient: 	

FIG-17F

Patient Information	
Hospital Name <input style="width: 90%;" type="text" value="Jackson Memorial Hospital"/>	Patient Name <input style="width: 20%;" type="text" value="CARYC"/> Hospital No. <input style="width: 80%;" type="text" value="1234567890"/>
Primary Care Physician	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Did patient list a primary care physician? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> </div> <div style="width: 50%;"> <p>If yes, name: <input style="width: 90%;" type="text"/></p> </div> </div>	
<p>Was the primary care physician called? <input type="checkbox"/> Not Documented: <input type="checkbox"/></p> <p style="margin-left: 40px;">If yes, time PCP was called: <input type="checkbox"/> Not Documented: <input type="checkbox"/></p> <p style="margin-left: 40px;">If yes, time PCP returned the call: <input type="checkbox"/> Not Documented: <input type="checkbox"/></p> <p style="margin-left: 40px;">If yes, unable to reach the PCP: <input type="checkbox"/></p>	
Cardiologist	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Did patient list a cardiologist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> </div> <div style="width: 50%;"> <p>If yes, name: <input style="width: 90%;" type="text"/></p> </div> </div>	
<p>Was a Cardiologist called? <input type="checkbox"/> Not Documented: <input type="checkbox"/></p> <p style="margin-left: 40px;">If yes, time Cardiologist was called: <input type="checkbox"/> Not Documented: <input type="checkbox"/></p> <p style="margin-left: 40px;">If yes, time Cardiologist returned the call: <input type="checkbox"/> Not Documented: <input type="checkbox"/></p> <p style="margin-left: 40px;">If yes, unable to reach the Cardiologist: <input type="checkbox"/></p>	
<input style="width: 100%;" type="button" value="Close Form"/>	<input style="width: 100%;" type="button" value="No Physician Listed"/>

FIG-17G

Patient Information		
Hospital Name	Jackson Memorial Hospital	Hospital No. 1234567890
Patient Name	CARYC	
No Physician Listed		
<p>Was patient "unassigned" (did not have a physician)?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>If yes, was the "on call" PCP called? <input type="checkbox"/> Not Documented: <input type="checkbox"/></p> <p>If yes, time "on call" PCP was called: <input type="checkbox"/> Not Documented: <input type="checkbox"/></p> <p>If yes, time "on call" PCP returned the call: <input type="checkbox"/> Not Documented: <input type="checkbox"/></p> <p>If yes, unable to reach the "on call" PCP: <input type="checkbox"/></p>		
Close Form		Cardiac Biomarkers (thru CK-MB)

FIG-17H

Cardiac Biomarkers	
<p>Was myoglobin testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: right;">Was it elevated? <input type="checkbox"/></p> <p>If elevated, what was time of first abnormal test: Date (if different from arrival date): <input type="text"/></p>	<p>Was creatine kinase (CPK or CK) testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: right;">Was it elevated? <input type="checkbox"/></p> <p>If elevated, what was time of first abnormal test: Date (if different from arrival date): <input type="text"/></p>
<p>Was creatine kinase MB(CK-MB) testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: right;">Was it elevated? <input type="checkbox"/></p> <p>If elevated, what was time of first abnormal test: Date (if different from arrival date): <input type="text"/></p>	

FIG-17I

Cardiac Biomarkers					
<div>Was Troponin testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>					
<div>Was it elevated? <input type="checkbox"/></div>					
<div>If elevated, what was time of first abnormal test: Date (if different from arrival date): <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></div>					
<div>Was only a single CPK, CK or CK-MB done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>					
<div>Was it elevated? <input type="checkbox"/></div>					
<div>Was a 0-6-12 hour protocol followed? <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></div>					
<div>Was a 0-8-16 hour protocol followed? <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></div>					

FIG-17J

Other Treatments	
<p>Aspirin given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If yes, time first aspirin given: Date (if different from arrival date):</p> <p>If no, allergy to aspirin listed:</p>
<p>Heparin given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If yes, route: Time first heparin given: Date (if different from arrival date):</p> <p>If no, allergy to heparin listed:</p>
<p>Nitrates given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If yes, route: Name of agent used: Time first nitrate given: Date (if different from arrival date):</p>

FIG-17K

Other Treatments	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Beta Blocker given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	<div style="margin-bottom: 10px;"> If yes, route: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="margin-bottom: 10px;"> Name of agent used: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="margin-bottom: 10px;"> Time first Beta Blocker given: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="margin-bottom: 10px;"> Date (if different from arrival date): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div> If no, allergy to Beta Blocker listed: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Calcium Channel Blocker given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	<div style="margin-bottom: 10px;"> If yes, route: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="margin-bottom: 10px;"> Name of agent used: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="margin-bottom: 10px;"> Time first calcium channel blocker given: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="margin-bottom: 10px;"> Date (if different from arrival date): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div> If no, allergy to calcium channel blocker listed: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div>

FIG-17L

Financial Information Top Ten Payors	
Payor1:	
Payor2:	
Payor3:	
Payor4:	
Payor5:	
Payor6:	
Payor7:	
Payor8:	
Payor9:	
Payor10:	
OtherPayor:	

Close Form

FIG-17M